


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M98000000348</b> 1. Entity Name <b>RISK &amp; INSURANCE CONSULTING SERVICES, LLC</b>	
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Principal Place of Business <b>120 INTERNATIONAL PARKWAY, #176 LAKE MARY, FL 32746</b>	Mailing Address <b>120 INTERNATIONAL PARKWAY, #176 LAKE MARY, FL 32746</b>
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04052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>91-1878031</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>JENNINGS, LYNN 120 INTERNATIONAL PARKWAY, #176 LAKE MARY, FL 32746</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENNINGS, LYNN 120 INTERNATIONAL PARKWAY, #176 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RITCHIE, RICHARD R 5755 DOVNICK DRIVE LILBURN, GA 30247
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05/02/06-80077-013 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Brenda D. Rupley CONTROLLER 4/19/06 (407) 333-0024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**BRENDA D. RUPLEY**